

**TOIYABE INDIAN HEALTH PROJECT, INC.
PAIUTE PROFESSIONAL CENTER
52 TU SU LANE
BISHOP, CALIFORNIA 93514**

March 16, 2009

State Treasurer Bill Lockyer
California State Treasurer's Office
915 Capitol Mall, Room 110
Sacramento, CA 95814

Finance Director Mike Genest
California Department of Finance
915 L Street
Sacramento, CA 95814

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LONE PINE COMMUNITY CLINIC
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RE: Protect Medi-Cal Adult Dental Program Above All Other "Optional" Health Services

Dear State Treasurer Lockyer and Finance Director Genest:

Native American health clinics in California are part of a health care system that is chronically under funded and highly dependent on the Medi-Cal program to provide vital dental care to adult patients from all backgrounds. In light of this, if budget reductions must be made to the vast Medi-Cal program, please retain adult dental care.

To be specific, please protect the Medi-Cal adult dental program above all other "optional" Medi-Cal benefits. If budget cuts are required of optional services provided under this benefits plan, please retain adult dental while eliminating the other proposed optional services. Also, please assist in reclassifying adult dental care as part of the basic medical benefits package and not as an optional benefit. Federal guidelines establish the core Medicaid services. However, evidence-based medicine demonstrates that oral health should be an integral part of BASIC medical care and NOT an optional benefit. Therefore, please work with the federal Centers for Medicaid and Medicare Services to reclassify adult dental care.

Governor Arnold Schwarzenegger and Department of Health Care Services Director David Maxwell-Jolly have been made aware of and asked to assist in fulfilling these important requests.

Oral health status affects overall health and well being, as well as employability and productivity. Poor oral health not only results in needless and avoidable pain and suffering but also is associated with a variety of other diseases and conditions, including respiratory disease, diabetes, stroke, heart disease, and preterm and low birth weight deliveries. Poor oral health also may lead to loss of employment and reduced hours of work due to pain, infection and associated dental visits. Yet 2.8 million adults in California could lose access to dental services if the current proposal to eliminate the Medi-Cal adult dental program as a cost cutting measure is enacted.

FT. INDEPENDENCE INDIAN RESERVATION
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BIG PINE, CA

LONE PINE
PAIUTE-SHOSHONE RESERVATION
LONE PINE, CA

ANTELOPE VALLEY INDIAN COMMUNITY
COLEVILLE PAIUTE TRIBE
COLEVILLE, CA

BISHOP PAIUTE RESERVATION
BISHOP, CA

KUTZAD KA' PAIUTE TRIBE
LEE VINING, CA

TIMBISHA SHOSHONE TRIBE
DEATH VALLEY, CA

UTU UTU GWAITU PAIUTE TRIBE
BENTON, CA

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While the program's elimination would result in only a minor reduction in state outlays, it would cause the loss of at least \$115 million of federal matching funds, substitute more expensive services for less expensive treatments and preventive services, and exacerbate the problems of the safety net by placing more pressure on community clinics and emergency rooms. Eliminating the Medi-Cal adult dental coverage would have other significant ramifications, including lower participation by dentists in the program and ultimately, significant oral health and medical problems in racial and ethnic communities, pregnant women, low-income, disabled and elderly adults.

Oral disease has become what many experts now call "the silent epidemic," causing chronic suffering for millions of people and disproportionately affecting low-income families, communities of color, and the elderly. Experts cite a complex interaction of factors as the cause of California's oral health disparities and disease epidemic. These include a declining number of practicing dental professionals, especially in low-income neighborhoods; lack of economic incentives for dental professionals to serve low-income populations; poor coordination between providers of primary care and dental care; massive numbers of people with no dental insurance; insufficient amounts of public funding for dental care; inefficient use of available resources; lack of public awareness about ways to prevent oral disease; lack of understanding of oral health issues by numerous decision makers; and lack of effective government policy to correct these problems. Given this detrimental situation, the most effective, efficient, and immediate approach to treating the factors causing this growing statewide problem is the strongest consideration in protecting and maintaining the Medi-Cal adult dental program.

Sincerely



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